

Overview

If you have a problem with your total knee replacement, you may feel that you want to discuss this with me. I have over 20 years experience of dealing with knee replacements and their problems. I am still learning all the time.

As stated in the **TKR** section, about 15% of patients are unhappy with their new knee. If symptoms are mild, and you can live with it, that might be the way to go. If you have an infection in your **TKR**, instability, significant pain, or are not sure, then I would advise a chat so I can assess your **TKR** to see if it feasible to revise it.

What is involved?

This is a very major undertaking carrying similar risks to a primary **TKR** operation, plus added risks due to the fact that it is a revision. The implications are serious so I need to spend time going through things with you. Sometimes the indications for revision are not clear, in which case it is often better not to go ahead. Sometimes however, it is very clear that you need an operation in eg. Infected **TKR**. This is very different to the decision making when you are contemplating a primary **TKR**, and this page is worth reading for those who are contemplating a primary **TKR**, if only to warn of the possible discussions that might happen in the future in the case of failure of that primary knee.

Should I have it done then?

I would recommend a chat with your GP/nurse/physiotherapist, your family, and then myself about your suitability for a revision **TKR**.